Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/1/2010</u>	Address:	Peach S. of 13 th road
Case #:	<u>24-31350</u>		Plymouth, In
County:	<u>Marshall</u>		
Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): off side of roadway ☐ Red Phosphorous/Iodine Reaction(s): ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): ☐ Anhydrous Ammonia: off side of roadway ☐ Hydrochloric Acid Gas Generator(s): off side of roadway ☐ Corrosive Acid: off side of roadway ☐ Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking L ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☒ Other: This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: <u>Plymouth Fire</u> partment: <u>Marshall Co.</u> ection Service: <u>N/A</u> information regarding this methamph	Fax: 574-9 Fax: (574) Fax:	<u>936-9247</u> -
Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.